

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17865

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 367

## 1. PLACE OF DEATH:

(a) County **GREENE**  
 (b) City or town **Springfield,**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**947 S. Jefferson /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
 In this community **51 years** (Specify whether years, months or days)

3. (a) PRINT  
FULL NAME**Thomas Keyes Humphreys**3. (b) If veteran,  
name war**Unknown**3. (c) Social Security  
No. **Unknown**4. Sex **Male**5. Color of  
Race **White**6. (a) Single, widowed, married,  
**2** divorced **Widowed**6. (b) Name of husband or wife:  
**Jennie B. Humphreys**6. (c) Age of husband or wife if  
alive **Deceased** years7. Birth date of deceased: **October 28, 1863**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**79****6****7**

hr. min.

9. Birthplace: **St. Louis County, Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation: **Retired Contractor**11. Industry or business: **Contracting**

MOTHER FATHER

12. Name: **Elwood Humphreys**13. Birthplace: **Unknown Virginia**  
(City, town, or county) (State or foreign country)14. Maiden name: **Elizabeth Sparrow**15. Birthplace: **Unknown Ireland**  
(City, town, or county) (State or foreign country)16. (a) Informant: **Miss Eleanor Humphreys**(b) Address: **Springfield, Mo.**17. (a) **Burial** (b) Date thereof: **May 7, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Maple Park Cemetery**18. (a) Signature of funeral director: **Alma Lohmeyer Funeral Home**(b) Address: **Springfield, Missouri**19. (a) **5-6-43** (b) **S. M. Sandley**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
 (c) City or town **Springfield,**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **947 S. Jefferson**  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) **0**  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th**  
year **1943** hour **10:30** P. M.21. I hereby certify that I attended the deceased from **many years**  
19 to **May 3** 1943  
that I last saw him alive on **May 3** 1943  
and that death occurred on the date and hour stated above.Immediate cause of death: **Smility** Duration**Coupled with mitral systolic**Due to **Murmur & Auricular****Fibrillation**Due to **Arteriosclerosis**Other conditions:  
(Include pregnancy within 3 months of death)Major findings:  
Of operations: **95a**

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence: \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury: **0**23. Signature: **Barrett Lagg M. D.** (M. D. or other)  
Address: **Springfield Mo** Date signed: **5-6-43**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 8767

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.